

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 30, 2001 8:00 am
Secretary of State

04-23-2001 90054 026 ***150.00

DOCUMENT # P99000084863

1. Entity Name
9313 MIKE, INC.

Principal Place of Business
**124 FAULKNER STREET
 NEW SMYRNA BEACH FL 32168**

Mailing Address
**124 FAULKNER STREET
 NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business
**1371 JANE LACEY LN.
 NEW SMYRNA BEACH
 FL**

3. Mailing Address
**1371 JANE LACEY LN
 NEW SMYRNA BEACH
 FL**

4. FEI Number
59-3653150

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HALL, MARK R ESQ.
 124 FAULKNER STREET
 NEW SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent

Name **CARL R. GOUTELL**
 Street Address (P.O. Box Number is Not Acceptable)
1371 JANE LACEY LANE
 City **NEW SMYRNA BEACH FL** Zip Code **32168**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* **CARL R. GOUTELL** *[Signature]* **MARK R. HALL** **4/12/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, MARK R	
STREET ADDRESS	315 FAULKNER STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOUTELL, CARL R	
STREET ADDRESS	1371 JANE LACEY LANE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **CARL R GOUTELL (Dir)** **4/12/01** **(904) 427-3169**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)